

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

2010 AP 16 AM 8: 55

(CFA-4)
Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the repair in the completing this form, see instructions on the repair in the completing this form, see instructions on the repair in the completing this form, see instructions on the repair in the completing this form.
IS THIS AN AMENDMENT? Yes No

S THIS AN AMENDMENT? LI Yes No					
COMMITTEE INFORMATI	ON				
Chack if this is a	new name				
I. Full Name of Committee (as on Statement of Organization) Check if this is a	row Cour	ry Assessor			
ELECT ROBIN L. WARD FOR HAMILTON COUNTY ASSESSOR 3. Committee Telephone Number					
2. Acronym or Abbreviated Name (if any)	(317	Z			
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this is	a new address			
107 LATERMAN DRIVE					
		6. Party Affiliation (if applicable)			
1 4 4 4 4 6 0 6 0		EPUBLICA~			
CANDIDATE INFORMATION (For Candidate	te's Committee	Only)	Candidate		
7. Full Name of Candidate (include any nickname)	8. Party A	Milation of It Independent	Candidate		
Variation ARD		PUBLICAN			
9 Office Sought (Include district number, if any. Not required for exploratory committee	.) 10. Coun	y of Residence			
COUNTY ASSESSOR		HAMILTON	CANDIDATES ONLY		
TYPE OF REPORT		Check one:			
11. Check one:		Pre-Conve	ention		
Pre-Primary Pre-Election Annual Nomination Other	- Lunary of Organization	Post-Conv	vention		
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Sta	atement of Organization)		COLUMN B		
12. Reporting Period:		COLUMN A This Period	Year to Date		
From: 110 Through: 4 9 10		336.40			
13. Cash on hand and investments at the beginning of this reporting period.			334,40		
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contribution	ıs.)				
15a. Itemized (use Schedule A)		1,000,00	1,000,00		
15b. Uniternized		-0	-0-		
15c. Add lines 15a and 15b in both columns	SUBTOTAL	1,000.00	1,000,00		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	1.334,40	1,334,40		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		-0-	-0-		
17b. Unitemized			-0-		
17c. Add lines 17a and 17b in both columns	SUBTOTAL	-0-	1001		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both colur	mns) TOTAL	1334,40	1336,40		
19. Debts OWED BY the committee (use Schedule D)		-0-			
20. Debts OWED TO the committee (use Schedule E)		-0-			
FICATION			FOR OFFICE USE ONLY		
PICA ION					

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F MY KNOWLEDGE AND BELIEF IT IS TRUE. CORRECT AND COMPLETE.

Itle

Date

Date

Date

Date

Complete or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly son who fails to file a complete or accurate report as required by the Indiana and may be subject to civil penalties. (IC 3-9-4-16. IC 3-9-4-17, IC 3-9-4-18)



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions:	T ETHOD		
	Direct			
ALLEN ROSENBERG, SR	n-Kind (describe)			2-26-10
9675 MARINA VILLAGEUR	Other Receipts:	500°		
9675 MARINA VILLAGEDR INDIANAPOLIS, IN 46256	Interest Loan Misc. (specify)			ROBIN WARD
Contributor's Occupation (if required)				
2.	Contributions:			-
6.	Direct			
	n-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	In-Kind (describe)			ļ
	Other Receipts:			
	☐ Interest ☐ Loan			
	Misc (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Misc. (specify)			[
Contributor's Occupation (if required)	Consideration			<u> </u>
5.	Contributions: Direct			
	In-Kind (describe)			
:				
	Otner Receipts:			
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				<u> </u>
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 500 to		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$	_	
(Enter total on ITE	M 15a of the Summary Sheet)			



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(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER			
Page	of		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1 IRVING MATERIALS, INC. 8032 N STROP GREENFIELD, IN 46140	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	200 m		Z-19-10 ROBIN WARE
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
3,	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc (specify)			
1	AL THIS PAGE OF SCHEDULE A			
TOTAL OF ALL PAGES OF SCHEDUI (Enter total on I	E A ON THE LAST PAGE ONLY TEM 15a of the Summary Sheet)	\$		